Item 7 FilmG153 4/16/53 whw

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

04044

CERTIFICATE OF DEATH

Reg. Dist. No. 172

MARGIN RESERVED FOR BINDING. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly. PLEASE WRITE PLAINLY, WITH UNFADING INK.

1. PLACE OF DEATH
COUNTY Garrett MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Kitzmiller
LENGTH OF STAY (in this place) 47yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE Garrett COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Kitzmiller, Md.
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) William (Middle) Seymour (Last) Arnold

4. DATE OF DEATH: (Month) April (Day) 9 (Year) 1953

5. SEX: Male | 6. COLOR OR RACE: White | 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married | 8. DATE OF BIRTH: Jan 22, 1880 | 9. AGE last birthday: 73 yrs. | If under 1 year: Months 2, Days 13 | If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Coal Miner | 10b. KIND OF BUSINESS OR INDUSTRY: Retired Miner | 11. BIRTHPLACE (State or foreign country): Burgettsville, W Va | 12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Edward Arnold | 14. MOTHER'S MAIDEN NAME: Susan Litherman

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No | (If yes, give war or dates of service) | 16. SOCIAL SECURITY NO. 213-01-6602 | 17. INFORMANT AND ADDRESS: Nelson Arnold Kitzmiller, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

331X

Immediate cause (a) Bilateral Bronchopneumonia — 2 days

Antecedent cause(s) Disease or conditions, if any, giving rise to the above cause stating the underlying cause last
(b) Cerebral hemorrhage with rt sided — 2 weeks.
(c) Paralysis — 2 yrs.

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Hypertension

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from March 25, 1953, to April 9, 1953, that I last saw the deceased alive on April 9, 1953, and that death occurred at 6:45 A m., from the causes and on the date stated above.

SIGNATURE | (Degree or title) | ADDRESS | DATE SIGNED
Ralph Columbella | M D | Kitzmiller Md | April 9-53

23. BURIAL, CREMATION REMOVAL (Specify) Burial | DATE THEREOF 4-11 1953 | NAME OF CEMETERY OR CREMATORY Good Hope cemetery | LOCATION (City, town, or county) Oakland (State) Md

DATE REC'D BY LOCAL REG. 4/11/53 | REGISTRAR'S SIGNATURE A W Garrick | 24. FUNERAL DIRECTOR | ADDRESS
O H Shaffer Kitzmiller Md

COPY SENT TO LOCAL REGISTRAR No.____DATE_____

RECEIVED
APR 13 1953
BUREAU V.

04045

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 166

1. PLACE OF DEATH — COUNTY: Garrett — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Mt Lake Park — LENGTH OF STAY (in this place): 3 weeks
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Kiser Nursing Home

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: MD. — COUNTY: Allegany
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: BARTON
STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print): (First) GEORGE (Middle) (Last) BROOKS
4. DATE OF DEATH: (Month) Apr (Day) 8 (Year) 1953
5. SEX: Male
6. COLOR OR RACE: white
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widower
8. DATE OF BIRTH: 7 Oct 1875
9. AGE last birthday: 77 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): miner
10b. KIND OF BUSINESS OR INDUSTRY: coal mine
11. BIRTHPLACE (State or foreign country): Barton, Maryland
12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME: Solomon Brooks
14. MOTHER'S MAIDEN NAME: Mary E. Broadwater
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service) — — —
16. SOCIAL SECURITY NO.: None
17. INFORMANT AND ADDRESS: Samuel Berry, Westernport, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

422.1 Immediate cause (a) arteriosclerotic cardiovascular disease — years

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Prostatitis and hematuria — weeks

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 23 Mar, 1953, to 6 Apr, 1953, that I last saw the deceased alive on 3 Apr, 1953, and that death occurred at 6 A. m., from the causes and on the date stated above.

SIGNATURE: Thomas L. Lusby (Degree or title) M.D. — ADDRESS: Oakland, Md. — DATE SIGNED: Apr 9, 1953

23. BURIAL, CREMATION REMOVAL (Specify): Burial — DATE THEREOF: 11 April 53 — NAME OF CEMETERY OR CREMATORY: Laurel Hill Cemetery — LOCATION (City, town, or county) (State): Allegany Co, Maryland

DATE REC'D BY LOCAL REG.: 4/11/53 — REGISTRAR'S SIGNATURE: Julia [illegible] L.R. — 24. FUNERAL DIRECTOR: E. S. Boal, Westernport, Maryland — ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
APR 21 1953
BUREAU V. L

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 04046

CERTIFICATE OF DEATH

Reg. Dist. No. 166

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

COUNTY Garrett Mt.Lake Par MARYLAND

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Mt. Lake Park, Md.

LENGTH OF STAY (in this place): life time

HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED:

STATE Maryland COUNTY Garrett

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Mt. Lake Park, Md.

STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED: (Type or Print) (First) Elvira (Middle) Glass (Last) Calhoun

4. DATE OF DEATH: (Month) (Day) (Year) 4/7/1953 19

5. SEX:	6. COLOR OR RACE:	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):	8. DATE OF BIRTH:	9. AGE last birthday:	IF UNDER 1 YEAR		IF UNDER 24 HRS.	
					Months	Days	Hours	Min.
Female	White	Married	6/26/1876	76 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):	10b. KIND OF BUSINESS OR INDUSTRY:	11. BIRTHPLACE (State or foreign country):	12. CITIZEN OF WHAT COUNTRY?
House wife		Near Gorman, M.d.	U.S.A

13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:
Joseph Glass.	Mary (Speicher) Glass.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)	16. SOCIAL SECURITY NO.:	17. INFORMANT & ADDRESS:
No	No	Paul Calhoun, Mt. Lake Park, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

422.1

Immediate cause (a) Coronary occlusion — DUE TO — Interval between onset and death: Sudden

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last

(b) Arteriosclerotic Cardiovascular disease — DUE TO — Interval between onset and death: 5 years

(c)

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:	19b. MAJOR FINDINGS OF OPERATION:	20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME (Month) (Day) (Year) (Hour) OF INJURY	INJURY OCCURRED While at work ☐ Not while at work ☐	HOW DID INJURY OCCUR?
M.		

22. I hereby certify that I attended the deceased from June 21, 1951, to April 7, 1953, that I last saw the deceased alive on April 7, 1953, and that death occurred at 12:20P m., from the causes and on the date stated above.

SIGNATURE (DEGREE OR TITLE) ADDRESS DATE SIGNED

A.E. Nance MD Oakland Md 9 Apr 53

23. BURIAL, CREMATION REMOVAL (Specify):	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	4/10/1953	Oakland Cemetery	Oakland, Maryland.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
4/10/1953	Julia A Rowan	Emroy D. Bolden, Oakland, Md.	

VS-A15-51

RECEIVED
APR 24 1953
BUREAU V. S.

Items 18 &21 Film G154 5-25-53 ams

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

04047

Reg. Dist. No. 163

1. PLACE OF DEATH: COUNTY Garrett MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bloomington
LENGTH OF STAY (In this place) 3 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Garrett
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bloomington
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) HARMON (Middle) (Last) ELLIOTT
4. DATE OF DEATH (Month) April (Day) 20 (Year) 1953
5. SEX Male
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Single
8. DATE OF BIRTH 28 June 1881
9. AGE last birthday 71 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Miner
10b. KIND OF BUSINESS OR INDUSTRY Coal Mine
11. BIRTHPLACE (State or foreign country) Unknown
12. CITIZEN OF WHAT COUNTRY USA.
13. FATHER'S NAME Adam Elliott
14. MOTHER'S MAIDEN NAME Martha Pangh.
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY No. 215-06-4331
17. INFORMANT AND ADDRESS John Elliott, Clarksburgh, W.Va.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) EXPOSURE

933.0

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Unknown cause

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☑ No ☐

21. EXTERNAL CAUSE WAS PRIMARY ☑ OR CONTRIBUTING ☐ CAUSE OF DEATH
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) 8 Lock (CITY OR TOWN) Bloomington (COUNTY) Garrett (STATE) Md
TIME OF INJURY (Month) (Day) (Year) (Hour) Apr 20 - 1953 m.
INJURY OCCURRED While at work ☐ Not while at work ☑
HOW DID INJURY OCCUR? Unknown

22. *I certify that I took charge of the remains described above, held an Autopsy ☑, Inspection ☐, Inquiry ☑ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☑, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE E. P. Baumgartner (Degree or title) MD ADDRESS Oakland Md DATE SIGNED 4/27/53

23. SOCIAL CREMATION REMOVAL (Specify) Burial
DATE THEREOF April 30, 53
NAME OF CEMETERY OR CREMATORY Bloomington Cemetery
LOCATION (City, town, or county) Bloomington (State) Md.

DATE REC'D BY LOCAL REG. 4-30-53
REGISTRAR'S SIGNATURE Worsey Patterson
24. FUNERAL DIRECTOR E. S. Baal, Westernport, ADDRESS Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A154

RECEIVED
MAY 4 1953
BUREAU V. I.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

04048

CERTIFICATE OF DEATH

Reg. Dist. No. 172

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Garrett — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Vindex | LENGTH OF STAY (In this place) 28yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS East Vindex

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Garrett
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Vindex
STREET ADDRESS (If rural, give location) East Vindex

3. NAME OF DECEASED (Type or Print): (First) Charles (Middle) James (Last) Emmart
4. DATE OF DEATH: (Month) April (Day) 1, (Year) 1953

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	If under 24 hrs.: Hours	Min.
Male	White	Widowed	Sept. 7, 1867	85 yrs.			

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Clerk	Gen. Mdse. Store	Little Orleans, W.Va.	U.S.A.

13. FATHER'S NAME Thomas Emmartt
14. MOTHER'S MAIDEN NAME Ann Berry

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS
No	218-09-1700	Darrell Rohrbaugh, Vindex, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

420.1
Immediate cause (a) Acute Myocardial Infarction — 2 days
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Coronary Heart Disease
(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Hypertension

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from Jan, 1953, to April 1, 1953, that I last saw the deceased alive on April 1, 1953, and that death occurred at 12:45P/ m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
Ralph Caloudella	M.D	Keyser,	Md.

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	4/4/53	Deer Park, Cemetery	Deer Park, Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
4/4/53	A.W. Barrick	Otha F. Sharpless,	Blaine, W.Va.

VS. A15

4/9/53
(CHO)

Items 18&21 Film G154 5-25-53 ams

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. 163

1. PLACE OF DEATH: COUNTY Garrett; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bloomington; MARYLAND LENGTH OF STAY (in this place) 65 yrs; HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland. COUNTY Garrett. CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bloomington. STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) CHARLES (Middle) J (Last) FLYNN

4. DATE OF DEATH: (Month) April (Day) 2 (Year) 1953

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): Single

8. DATE OF BIRTH: 27 Jan 1881

9. AGE last birthday: 71 yrs. If under 1 year: Months, Days. If under 24 hrs.: Hours, Min.

10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Miner

10b. KIND OF BUSINESS OR INDUSTRY: Coal Mine

11. BIRTHPLACE (State or foreign country): Loyal Wva.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Michael Flynn

14. MOTHER'S MAIDEN NAME: Anna R. Carney

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No. (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: 213-12-9283

17. INFORMANT AND ADDRESS: Frances Flynn, Bloomington Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) EXPOSURE

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Unknown cause

(c) Emphysema

933.0

INTERVAL BETWEEN ONSET AND DEATH

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☑ No ☐

21. ACCIDENT WAS PRIMARY OR CONTRIBUTING CAUSE OF DEATH

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY: Coal

(CITY OR TOWN) Bloomington (COUNTY) Garrett (STATE) Md

TIME OF INJURY (Month) (Day) (Year) (Hour) Apr. 20 1953 p.m.

INJURY OCCURRED While at work ☐ Not while at work ☑

HOW DID INJURY OCCUR? Unknown

22 *I certify that I took charge of the remains described above, held an Autopsy ✓, Inspection , Inquiry thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ✓, accident , suicide , homicide , undetermined .*

SIGNATURE: [illegible] (Degree or title) MD ADDRESS (Oakland) DATE SIGNED 4/2/53

DISPOSITION: Burial DATE THEREOF Apr 30, 1953 NAME OF CEMETERY OR CREMATORY St Peters Cemetery LOCATION (City, town, or county) Western pass. (State) Md.

DATE RECEIVED BY LOCAL REGISTRAR 4-30-53 REGISTRAR'S SIGNATURE Darcy Pattison

21. FUNERAL DIRECTOR E.N. Baal ADDRESS Western pass, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
MAY 4 1953
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 166

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15 51

1. PLACE OF DEATH: COUNTY Garrett — Oakland — Md. MARYLAND
CITY (If outside corporate limits, write RURAL OR TOWN and give nearest town) | LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Garrett County Memorial

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE W.Va — COUNTY Preston — Terra Alta,
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED: (Type or Print) (First) Virgie (Middle) Florence (Last) Friend

4. DATE OF DEATH: (Month) April (Day) 28 (Year) 1953

5. SEX: F

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married

8. DATE OF BIRTH: 1879, 3/14

9. AGE last birthday: 74 yrs. IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Terra Alta, W.Va.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: William H. Groves

14. MOTHER'S MAIDEN NAME: Margaret Lee

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.:

17. INFORMANT & ADDRESS: Warden Friend, Terra Alta, W.Va.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

		Interval Between Onset and Death
332 X. Immediate cause	(a) Mesenteric Thrombosis	2 days
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	DUE TO (b) Cerebral Hemorrhage	9 days
	DUE TO (c) Arteriosclerotic Hypertension	>

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M. | INJURY OCCURRED While at work ☐ Not while at work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Apr. 13 1953, to Apr. 28, 1953, that I last saw the deceased alive on Apr. 28, 1953, and that death occurred at 7.35 P.m., from the causes and on the date stated above.

SIGNATURE (DEGREE OR TITLE) Chas E. Smith M.D. ADDRESS Terra Alta W.Va. DATE SIGNED 5-1-53

23. BURIAL, CREMATION, REMOVAL (Specify): Burial | DATE THEREOF May 1/53 | NAME OF CEMETERY OR CREMATORY Oak Grove | LOCATION (City, town, or county) (State) Terra Alta, W.Va.

DATE REC'D BY LOCAL REG. 4/30/53 | REGISTRAR'S SIGNATURE Julia L. Lowan D.R. | **24. FUNERAL DIRECTOR** A. F. Collins | ADDRESS Terra Alta W.Va.

RECEIVED
MAY 18 1953
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

'50

Reg. Dist. No. 162

MARGIN RESERVED FOR BINDING

The correct name, address, and other items are especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH
COUNTY Carroll
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN
MARYLAND
LENGTH OF STAY (In this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE
COUNTY Carroll
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) Darrell (Middle) -- (Last)

4. DATE OF DEATH (Month) April (Day) 26 (Year) 1953

5. SEX

6. COLOR OR RACE

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)

8. DATE OF BIRTH June 1, 1948

9. AGE Last birthday 3 yrs. If under 1 year: Months / Days. If under 24 hours: Hours / M

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10b. KIND OF BUSINESS OR INDUSTRY --

11. BIRTHPLACE (State or foreign country)

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME Marshel E. Ware

14. MOTHER'S MAIDEN NAME

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) --

16. SOCIAL SECURITY NO. --

17. INFORMANT AND ADDRESS Marshel E. Ware

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

I. X Immediate cause (a) Fracture occipital portion, skull, fatal

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Traumatic Shock

(c)

INTERVAL BETWEEN ONSET AND DEATH

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death: Fracture right femur & Lacerations

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT, HOMICIDE, SUICIDE WAS PRIMARY ☑ OR CONTRIBUTING ☐ CAUSE OF DEATH

PLACE (Home, farm, factory, street, office bldg., etc.) INJURY Md Route 495

(CITY OR TOWN) Butler (COUNTY) Carroll (STATE) Md

TIME OF INJURY (Month) 4 (Day) 26 (Year) 53 (Hour) 3:30 p.m.

INJURY OCCURRED While at work ☐ Not while at work ☑

HOW DID INJURY OCCUR? Struck by automobile

22 *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☑, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☑, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE L. D. Baumgartner (Degree or title) MD

ADDRESS Oakland Md

DATE SIGNED 4/26/53

CREMATION (If applicable) DATE TIFFROF -- NAME OF CEMETERY OR CREMATORY LOCATION (City, town, or county) (State)

DATE RECD BY LOCAL REG. 4/27/53 REGISTRAR'S SIGNATURE

21. FUNERAL DIRECTOR Wm Winterberg ADDRESS

APR 29 1953
BUREAU W

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 1951

CERTIFICATE OF DEATH

Reg. Dist. No. 166

1. PLACE OF DEATH:
COUNTY Garrett Oakland MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Oakland, Maryland
LENGTH OF STAY (in this place) 40 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS Evans Nursing Home.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Garrett
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Oakland, Maryland.
STREET ADDRESS (If rural, give location) Oak Street.

3. NAME OF DECEASED: (Type or Print) (First) Howard (Middle) Sylvester (Last) Hoffman

4. DATE OF DEATH: (Month) (Day) (Year) 4/18/1953 19

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: 7/10/1876

9. AGE last birthday: 76 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): B. & O. ENGINEER

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Mt. Solon, Va.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Robert H. Hoffman.

14. MOTHER'S MAIDEN NAME: Catherine (Whitefield) Hoffman.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.: 705-12-4937

17. INFORMANT & ADDRESS: Mrs. Lulu (Shaffer) Hoffman, Oakland.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

422.1

			Interval Between Onset and Death
Immediate cause	(a)	Hypostatic pneumonia	24 hours
	DUE TO		
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	(b)	Myocardial Heart Disease	3 years
	DUE TO		
	(c)	Arteriosclerosis - general	10 years

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY (CITY OR TOWN) (COUNTY) (STATE)

TIME (Month) (Day) (Year) (Hour) OF INJURY M.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Oct. 3, 1947, to April 18, 1953, that I last saw the deceased alive on April 18, 1953, and that death occurred at 7:04 p.m., from the causes and on the date stated above.

SIGNATURE: C. E. Mance (DEGREE OR TITLE) MD ADDRESS Oakland Md DATE SIGNED 20 Apr 53

23. BURIAL, CREMATION REMOVAL (Specify): Burial

DATE THEREOF 4/21/1953

NAME OF CEMETERY OR CREMATORY Oakland Cemetery

LOCATION (City, town, or county) (State) Oakland, Md.

DATE REC'D BY LOCAL REG. 4/21/1953

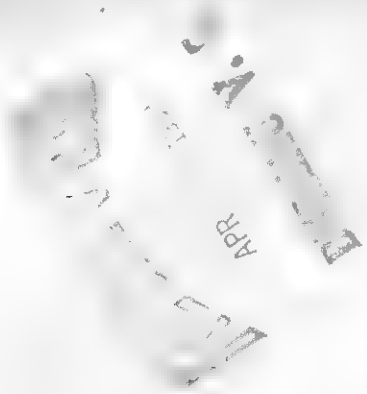
REGISTRAR'S SIGNATURE Julia A. Rowan LR

24. FUNERAL DIRECTOR Emory D. Bolden ADDRESS Oakland, Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS-115 51



MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 166

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY Garrett Oakland MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Oakland, Md
LENGTH OF STAY (in this place) 7 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Garrett
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Oakland, Md.
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED: (Type or Print) (First) John (Middle) Garfield (Last) Jones.

4. DATE OF DEATH: (Month) (Day) (Year) 4/16/1953 19

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widower

8. DATE OF BIRTH: 10/17/1881

9. AGE last birthday: 71 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired Butcher

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Irwin, Penn.

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: John Jones.

14. MOTHER'S MAIDEN NAME: Ellen (Griffith) Jones.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.: 264-34-8032

17. INFORMANT & ADDRESS: Mrs. Thomas Sheehe. Oakland, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

422.1

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Myocardial Heart Disease	2 years
DUE TO		
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	(b) Arteriosclerosis	10 years
DUE TO		
	(c)	

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Feb 12, 1952, to April 16, 1953, that I last saw the deceased alive on April 16, 1953, and that death occurred at 3:55 P.m., from the causes and on the date stated above.

SIGNATURE A. E. Mance (DEGREE OR TITLE) MD ADDRESS Oakland Md DATE SIGNED 17 Apr 53

23. BURIAL, CREMATION REMOVAL (Specify): Burial

DATE THEREOF 4/18/1953

NAME OF CEMETERY OR CREMATORY Irwin Union Cemetery

LOCATION (City, town, or county) (State) Irwin, Pa.

DATE REC'D BY LOCAL REG. 4/18/53

REGISTRAR'S SIGNATURE Julia L. Rowan

24. FUNERAL DIRECTOR Emroy D. Bolden ADDRESS Oakland, Md.

RECEIVED
MAY 4 1953
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH
2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 166

53

1. PLACE OF DEATH:
County: Garrett
City or town: Deer Park - Rural
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? 3 years
Hospital, institution, or street address where death occurred: Route 2
How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: Maryland County: Garrett
City or town: Deer Park - Rural
(If outside city or town limits, write RURAL and give nearest town)
Street No.: Route 2
(If rural, give LOCATION)
2.(a) If veteran, name war: none

3. (a) FULL NAME: WESLEY GORDON PAUGH

3. (b) Social Security Number: 212-07-2401

4. Sex: Male
5. Color or race: white
6.(a) Single, married, widowed, or divorced: married
6.(b) Name of husband or wife: Pauline Paugh
6.(c) If alive, give age: 50 years
7. Birth date of deceased (mo., day, yr.): Nov. 3, 1904

8. AGE: Years: 48 | Months: | Days: | If less than one day: hrs. min.

9. Birthplace: Shaw, W. Va. (Town, county, and state)
10. Usual occupation: Miner
11. Industry or business: Coal mine

FATHER
12. Name: George Paugh
13. Birthplace: unknown

MOTHER
14. Maiden name: Ada Upole
15. Birthplace: unknown

16. Informant: Mrs Pauline Paugh
Address: Deer Park, Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof: April 19, 1953 (month) (day) (year)
Cemetery or crematory: Taskers Cemetery
Location: Vindex, Md.

18. Funeral director: Ellsworth S. Boal
Address: Westernport, Md.

19. 4/18/ 1953 (Date rec'd by registrar) Julia Mowan Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: 15 Apr 53 19 at 11:10 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 18 July 1951 to 15 April 1953 and that I last saw him alive on 11 April 1953

Immediate cause of death: Congestive heart failure — DURATION: 1 year?
Due to: Chr. Myocarditis — years
Due to:
Other conditions: old left hemiplegia
4 [illegible] 2
(Include pregnancy within 3 months of death)
Major findings of operations: none
Date of op.
Autopsy results: none
PHYSICIAN: Please underline the cause to which death should be charged statistically.

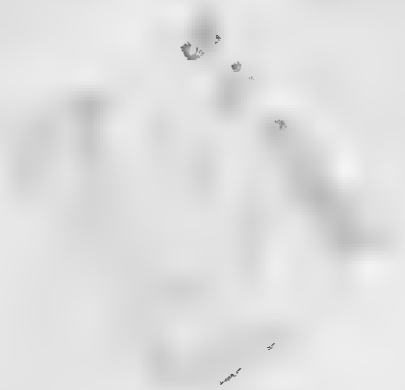
22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide: none Date of: —
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury — Injured at work?

23. SIGNATURE: Thomas F. Lusby M.D. (M. D. or other)
Address: Oakland, Md. Date signed: 16 Apr. 53

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS 415 45-15M



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 166

1. PLACE OF DEATH: COUNTY Garrett MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED: STATE West Virginia COUNTY Preston
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Oakland — LENGTH OF STAY 9 hours (in this place)	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Terra Alta
HOSPITAL OR INSTITUTION OR STREET ADDRESS Garrett County Memorial Hospital	STREET ADDRESS (If rural, give location) Star Route, Aurora Pike

3. NAME OF DECEASED (Type or Print)	(First) Verna	(Middle) Maude	(Last) Pifer	4. DATE OF DEATH	(Month) April 7, 1953 (Day) (Year) 19
5. SEX Female	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH Sept. 1, 1880	9. AGE last birthday 72 yrs.	If under 1 year Months 7 Days 8 — If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) Terra Alta, W.Va.	12. CITIZEN OF WHAT COUNTRY? U S A		
13. FATHER'S NAME Draper Camden Shaffer		14. MOTHER'S MAIDEN NAME Mary Elizabeth Elsey			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS George Harlan Pifer			

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

			INTERVAL BETWEEN ONSET AND DEATH
480X	Immediate cause	(a) Bronchial Pneumonia	1 day
	Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Influenza	2 days
(480X)		(c) Diabetes Mellitus	5

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Arteriosclerosis

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	(CITY OR TOWN) Terra Alta (COUNTY) Preston (STATE) W Va
TIME OF INJURY (Month) (Day) (Year) (Hour) m.	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Apr 5, 1953, to Apr. 7, 1953, that I last saw the deceased alive on Apr 7, 1953, and that death occurred at 4:40 A.M. m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
Chas. E. Smith	M. D.	Terra Alta, W.Va.	April 7, 1953

23. BURIAL, CREMATION REMOVAL (Specify) Burial	DATE THEREOF April 10, 1953	NAME OF CEMETERY OR CREMATORY Pine Run Cemetery,	LOCATION (City, town, or county) near Terra Alta, W.Va. (State)
DATE REC'D BY LOCAL REG. 4/10/53	REGISTRAR'S SIGNATURE Julia L. Lowar L.R.	24. FUNERAL DIRECTOR R. Malcan	ADDRESS Terra Alta, W.Va.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
APR 21 1953
BUREAU OF

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 4526

CERTIFICATE OF DEATH

Reg. Dist. No. 16

1. PLACE OF DEATH: COUNTY Garrett MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Mt Lake Park
LENGTH OF STAY (in this place) 2 months
HOSPITAL OR INSTITUTION OR STREET ADDRESS Kiser Nursing Home

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Alleg.
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Oldtown 01X
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (Type or Print) (First) MATTIA (Middle) (Last) RADER
4. DATE OF DEATH: (Month) April (Day) 26 (Year) 1953
5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): widow
8. DATE OF BIRTH: 1873
9. AGE last birthday: 80 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION Give kind of work done during most of working life if retired: Housework
10b. KIND OF BUSINESS OR INDUSTRY: Home
11. BIRTHPLACE (State or foreign country): West Virginia
12. CITIZEN OF WHAT COUNTRY? U.S.A
13. FATHER'S NAME: Andrew Westfall
14. MOTHER'S MAIDEN NAME: Rebecca Riggleman
15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)
16. SOCIAL SECURITY No.: None
17. INFORMANT & ADDRESS: Lester Rader Oldtown Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

422.1

Immediate cause (a) Decompensated heart disease — Interval Between Onset and Death: 14 days?

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.

DUE TO (b) Arteriosclerotic cardio-vascular disease — years

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Senility

19a. DATE OF OPERATION: none
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 20 Mar, 1953 to 25 Apr, 1953, that I last saw the deceased alive on 13 Apr, 1953 and that death occurred at 11:00 AM, from the causes and on the date stated above.

SIGNATURE Thomas J. Lusby M. D. (Degree or title) ADDRESS Oakland, Md DATE SIGNED 26 Apr 53

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF 4/29/53
NAME OF CEMETERY OR CREMATORY Greenridge Cemetery
LOCATION (City, town, or county) allegany Co. (State) Md.
DATE REC'D BY LOCAL REGISTRAR 4/26/53
REGISTRAR'S SIGNATURE Julia A. Rowan
24. FUNERAL DIRECTOR [illegible] Hofer, Cumberland, Md. ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A

RECEIVED
MAY 18 1953
BUREAU V

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 166

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Garrett; STATE Maryland
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Oakland, Md
LENGTH OF STAY (In this place) 7 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Garrett
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Oakland, Maryland.
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) Mrs. Hilda (Middle) Cecila (Conroy) (Last) Robertson.

4. DATE OF DEATH: (Month) April (Day) 25 (Year) 1953

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify) Widowed

8. DATE OF BIRTH: 2/22/1893

9. AGE last birthday: 60 yrs. If under 1 year: Months / Days. If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): House keeper

10b. KIND OF BUSINESS OR INDUSTRY: Domestic

11. BIRTHPLACE (State or foreign country): Sharpsburg, Pa.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Unknown

14. MOTHER'S MAIDEN NAME: Ella Conroy

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: None

17. INFORMANT: Vincenzo Lamberto Oakland, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Coronary Sclerosis

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Angina

(c) Luchs valvulitis & acuities

INTERVAL BETWEEN ONSET AND DEATH

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☑ No ☐

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☑, Inspection ☑, Inquiry ☑ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☑, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE (Degree or title) L. F. Baumgartner M.D. ADDRESS Oakland Md DATE SIGNED 4/25/53

23. BURIAL, CREMATION REMOVAL (Specify) Burial; DATE THEREOF 4/28/1953; NAME OF CEMETERY OR CREMATORY St. Peters Cemetery; LOCATION (City, town, or county) (State) Oakland, Maryland.

DATE REC'D BY LOCAL REG. 4/28/53; REGISTRAR'S SIGNATURE Julia A. Morgan D.R.

24. FUNERAL DIRECTOR Emory D. Bold ADDRESS Oakland, Md.

RECEIVED
MAY 6 1953
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 166

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Garrett — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Deer Park, — LENGTH OF STAY (In this place) 60 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS -----

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Garrett
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Deer Park,
STREET ADDRESS (If rural, give location) ----

3. NAME OF DECEASED (Type or Print): (First) Cora (Middle) Virginia (Last) Savedge

4. DATE OF DEATH: (Month) (Day) (Year) April 15, 1953 19

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify) Widowed

8. DATE OF BIRTH: 1/18/1876

9. AGE last birthday: 77 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): House Wife

10b. KIND OF BUSINESS OR INDUSTRY: Own Home

11. BIRTHPLACE (State or foreign country): West Virginia

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: John Wolfe

14. MOTHER'S MAIDEN NAME: Ida Virginia Startzman

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) No — (If yes, give war or dates of service)

16. SOCIAL SECURITY NO. -----

17. INFORMANT: Mrs. Luella Ayres Deer Park, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

420.1 **Immediate cause** (a) Coronary Occlusion — INTERVAL BETWEEN ONSET AND DEATH

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) ..... (c) .....

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION — 19b. MAJOR FINDINGS OF OPERATION — 20. AUTOPSY? Yes ☐ No ☑

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH. — PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY — (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at work ☐ Not while at work ☐ — HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☑ Inquiry ☑ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☑, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE [signature] (Degree or title) MD — ADDRESS Oakland Md — DATE SIGNED 4/16/53

23. BURIAL, CREMATION, REMOVAL (Specify) Burial — DATE THEREOF 4/18/1953 — NAME OF CEMETERY OR CREMATORY Deer Park Cemetery — LOCATION (City, town, or county) (State) Deer Park, Md.

DATE REC'D BY LOCAL REG. 4/18/53 — REGISTRAR'S SIGNATURE [signature] — 24. FUNERAL DIRECTOR Herbert C. Leighton — ADDRESS Oakland, Md.

VS. A15

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MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 166

1. PLACE OF DEATH: COUNTY Garrett MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural Mt. Lake Park
LENGTH OF STAY (in this place) 48 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS 5 Mi. S W Mt. Lake Park

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryla nd COUNTY Garrett
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural Mt. Lake Park, Md.
STREET ADDRESS (If rural, give location) 5 Mi S W Mt. Lake Park, Md.

3. NAME OF DECEASED (Type or Print) (First) Ernest (Middle) --- (Last) Shreve
4. DATE OF DEATH (Month) (Day) (Year) April 21, 1953 19

5. SEX Male
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married
8. DATE OF BIRTH 8/1/1904
9. AGE last birthday 48 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer General & Farm Laborer
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) West Virginia
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Salem Shreve
14. MOTHER'S MAIDEN NAME Rosie Armontrout

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT AND ADDRESS Mrs. Ernest Shreve Mt. Lake Park, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

4221 Immediate cause (a) Arteriosclerotic cardio-vascular disease with decompensation

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

INTERVAL BETWEEN ONSET AND DEATH 2½ years

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Old stroke + Bronchitis

19a. DATE OF OPERATION none
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 21 July, 1948, to 20 Apr, 1953, that I last saw the deceased alive on 20 Apr, 1953, and that death occurred at 9:00 A. m., from the causes and on the date stated above.

SIGNATURE Thomas J Lusby (Degree or title) M.D. ADDRESS Oakland, Md. DATE SIGNED 4/21/53

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF 4/24/1953
NAME OF CEMETERY OR CREMATORY Henry Beckman Cemetery
LOCATION (City, town, or county) (State) Garrett Co., Md.

DATE REC'D BY LOCAL REG. 4/24/53
REGISTRAR'S SIGNATURE Julia A Towan
24. FUNERAL DIRECTOR Herbert C. Leighton ADDRESS Oakland, Md.

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 166

2058

1. PLACE OF DEATH:
COUNTY Garrett Oakland, MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Oakland, Maryland
LENGTH OF STAY (In this place) life time
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Garrett
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Oakland, Md.
STREET ADDRESS (If rural, give location) Liberty Street

3. NAME OF DECEASED: (Type or Print) (First) Guy (Middle) William (Last) Thayer, Sr.
4. DATE OF DEATH: (Month) (Day) (Year) 4/17/1953 19

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married
8. DATE OF BIRTH: 4/13/1893
9. AGE last birthday: 59 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Barber
10b. KIND OF BUSINESS OR INDUSTRY: Owner of Shop
11. BIRTHPLACE (State or foreign country): Oakland, Maryland.
12. CITIZEN OF WHAT COUNTRY? U.S.A

13. FATHER'S NAME: George Thayer.
14. MOTHER'S MAIDEN NAME: Eliza (Smith) Thayer.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service) No
16. SOCIAL SECURITY No.: 212-32-8324
17. INFORMANT & ADDRESS: Percy W. Thayer, Oakland, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

		INTERVAL BETWEEN ONSET AND DEATH
241X Immediate cause	(a) Myocardial Heart Disease	5 years
	DUE TO	
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	(b) Bronchial Asthma -	25 years
	DUE TO	
	(c)	

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) M.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Dec. 20, 1945, to April 17, 1953, that I last saw the deceased alive on April 16, 1953, and that death occurred at 2:30 A.m., from the causes and on the date stated above.

SIGNATURE A. E. Mance (DEGREE OR TITLE) MD ADDRESS Oakland, Md DATE SIGNED 17 Apr 53

23. BURIAL, CREMATION REMOVAL (Specify): Burial
DATE THEREOF 4/19/1953
NAME OF CEMETERY OR CREMATORY Oakland Cemetery
LOCATION (City, town, or county) (State) Oakland, Md.

DATE REC'D BY LOCAL REG. 4/19/1953
REGISTRAR'S SIGNATURE Julia L. Rozman LR
24. FUNERAL DIRECTOR Emory D. Bolden, ADDRESS Oakland, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 04059

CERTIFICATE OF DEATH

Reg. Dist. No. 166

1. PLACE OF DEATH:
COUNTY GARRETT MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN OAKLAND
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS GARRETT CO., MEMORIAL HOSPITAL

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE WEST VIRGINIA COUNTY PRESTON
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN TERRA ALTA
STREET ADDRESS (If rural give location) SANDER STREET

3. NAME OF DECEASED: (Type or Print) (First) HAROLD (Middle) EUGENE (Last) WATSON

4. DATE OF DEATH: (Month) 4 (Day) 24 (Year) 1953

5. SEX: MALE

6. COLOR OR RACE: WHITE

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): MARRIED

8. DATE OF BIRTH: ~~4-24-1953~~ 3-16-17

9. AGE last birthday: 36 yrs. IF UNDER 1 YEAR: Months 1 Days 8 IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): CLERK

10b. KIND OF BUSINESS OR INDUSTRY: Retail Feed & Farm Supply Store

11. BIRTHPLACE (State or foreign country): MINNESOTA

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: WATSON, ROSS W.

14. MOTHER'S MAIDEN NAME: RUSH, BINA

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) Yes (If Yes, give war or dates of service) II

16. SOCIAL SECURITY No.: 218-05-7095

17. INFORMANT & ADDRESS: MRS. LUCILLE WATSON, TERRA ALTA, W.VA.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Pulmonary fat embolus — Interval Between Onset And Death: 1 hr.

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.
DUE TO (b) Fracture, rt. hip — 36 hrs.
DUE TO (c)

902.3

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☑ No ☐

21. ACCIDENT ✓ SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) Feed Store
(CITY OR TOWN) Terra Alta (COUNTY) Preston (STATE) W. Va.

TIME OF INJURY (Month) April (Day) 22 (Year) 53 (Hour) 10 A m.
INJURY OCCURED While at Work ☑ Not While At Work ☐
HOW DID INJURY OCCUR? Fell off elevator

22. I hereby certify that I attended the deceased from 4/22, 1953, to 4/24, 1953, that I last saw the deceased alive on 4/24, 1953, and that death occurred at 4:30 A.M. from the causes and on the date stated above.

SIGNATURE (Degree or title) Joseph Alvarez M.D. ADDRESS 101 Third St. Oakland, Md. DATE SIGNED 4/25/53

23. BURIAL, CREMATION, REMOVAL (Specify) Buried DATE THEREOF 4-28-53 NAME OF CEMETERY OR CREMATORY Terra Alta. W.Va. LOCATION (City, town, or county) (State) Terra Alta. W.Va.

DATE REC'D BY LOCAL REGISTRAR 4/28/53 REGISTRAR'S SIGNATURE Julia A Boyer

24. FUNERAL DIRECTOR A. F. Collins. ADDRESS Terra Alta. W.Va.

J.R.

VS. A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

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MAY 6 1953
BUREAU V. S.

04060

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 166

1. PLACE OF DEATH: COUNTY Garrett MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Mt. Lake Park
LENGTH OF STAY (in this place) 13 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS ----

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Garrett
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Mt. Lake Park
STREET ADDRESS (If rural, give location) -----

3. NAME OF DECEASED (Type or Print) (First) Harriett (Middle) Hartman (Last) White
4. DATE OF DEATH (Month) April (Day) 5, (Year) 1953
5. SEX Female
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married
8. DATE OF BIRTH 9/17/1880
9. AGE last birthday 72 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House Wife
10b. KIND OF BUSINESS OR INDUSTRY Own Home
11. BIRTHPLACE (State or foreign country) West Virginia
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME Lucian Hartman
14. MOTHER'S MAIDEN NAME Anna Manning
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. -----
17. INFORMANT AND ADDRESS Clark E. White Mt. Lake Park, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

422.1 Immediate cause (a) Arteriosclerotic cardiovascular disease with decompensation — about 3 years

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION none
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Feb 25, 1949, to Apr 5, 1953, that I last saw the deceased alive on Apr 4, 1953, and that death occurred at 2:10 P m., from the causes and on the date stated above.

SIGNATURE Thomas D. Lusby M D (Degree or title) ADDRESS Oakland, Md DATE SIGNED April 6/53

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF 4/8/1953
NAME OF CEMETERY OR CREMATORY Terra Alta, Cemetery
LOCATION (City, town, or county) (State) Terra Alta, W. Va.
DATE REC'D BY LOCAL REG. 4/7/53
REGISTRAR'S SIGNATURE Julia A. Rowan
24. FUNERAL DIRECTOR Herbert C. Leighton ADDRESS Oakland, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

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APR 21 1953
BUREAU V. S.